

**Department of Medical Assistance Services
Managed Long-Term Services and Supports (MLTSS)
Proposed Program Design Updates for Health Plan Licensure, Certification, and Accreditation
November 10, 2015**

Topic	DMAS Update
1 Dual Special Needs Plan (D-SNP)	DMAS plans to require MLTSS contracted health plans to also operate as a dual special needs plan (D-SNP), through the Center for Medicare and Medicaid Services (CMS) for all localities in which the plan intends to operate within two (2) years of being awarded an MLTSS contract. DMAS also intends to include requirements where the failure to comply with the requirement to begin operations as a D-SNP within two (2) years of contract award would deem the contracted health plan non-compliant and subject to disqualification; other related sanctions may also apply.
2 Virginia State Corporation Commission's Bureau of Insurance (BOI) Licensure	DMAS plans to require MLTSS contracted health plans to be licensed by the Virginia State Corporation Commission's Bureau of Insurance (BOI), as set forth in the Code of Virginia §38.2-4300 through 38.2-4323, 14 VAC5-211-10 et. seq. This requirement also includes that qualifying plans be in good standing with the BOI. Plans who are not currently operating in Virginia will be required to submit a copy of their valid and current Virginia license prior to MLTSS contract signing (if selected).
3 Certification of Quality Assurance of Managed Care Health Insurance Plan	DMAS plans to require MLTSS contracted health plans to have an approved Certificate of Quality Assurance from the Center for Quality Health Care Services and Consumer Protection, Office of Licensure and Certification, Virginia Department of Health, pursuant to §32.1-137.1 through §32.137.7 Code of Virginia, and 12VAC5-408-10 et. seq. for all region(s) in which the health plan intends to operate. Plans who are not currently operating in Virginia must submit a copy of their service area approval and current certificate from the Virginia Department of Health prior to MLTSS contract signing (if selected).
4 National Committee for Quality Assurance (NCQA) Health Plan Accreditation	DMAS plans to require MLTSS contracted health plans to be NCQA accredited for its Virginia Medicaid line of business. Plans who are not NCQA accredited would be required to adhere to DMAS' timeline of milestones for achieving NCQA accreditation. Further, all contracted plans would be required to comply with NCQA guidelines at contract signing, based on the most current version of NCQA Standards and Guidelines for the Accreditation of MCOs. Plans would also be required to comply with and participate in comprehensive onsite reviews at dates to be determined by the Department and must attain Interim Accreditation Status from NCQA by the end of the eighteenth (18th) month of operations (onset of delivering care to MLTSS members), and obtain NCQA accreditation status of at least "Accredited" within 36 months of the onset of delivering care to MLTSS members.